

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form</small>		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 524-2016-00007	
New Jersey Division On Civil Rights and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) Mr. James S. Scott		Home Phone (Incl. Area Code) (908) 687-6921	
Date of Birth 03-14-1947			
Street Address City, State and ZIP Code 363 Russell Street, Vauxhall, NJ 07088			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name SCOTCH PLAINS TOWNSHIP		No. Employees, Members 15 - 100	
Phone No. (Include Area Code) (908) 372-6700			
Street Address City, State and ZIP Code 430 Park Avenue, Scotch Plains, NJ 07076			
Name		No. Employees, Members	
Phone No. (Include Area Code)			
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input checked="" type="checkbox"/> OTHER (Specify) Hostile Work Environment (Harassment)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 08-13-2015 09-09-2015 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I have been employed by Respondent since September 1994. My current title is Parts and Maintenance Worker. On August 13, 2015, My supervisor harassed me saying that I did not complete one of the three jobs that I was assigned fast enough. I was told that I should have done more work within the time on the first job. On September 9, 2015, I was deliberately placed in harms way in severely hot weather and was not given proper help which caused me to get injured. I am the only person that is treated this way. I believe that I am being discriminated against due to my age in violation of the Age Discrimination in Employment Act and my disability in violation of the Americans with Disabilities Act and my race in violation of Title VII of the Civil Rights Act of 1964, as amended.			

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.	NOTARY - When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)
Date <u>01/08/16</u> Charging Party Signature <u>James S. Scott</u>	

State of New Jersey

Division of Equal Employment Opportunity and Affirmative Action

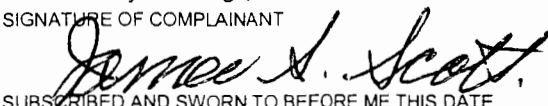
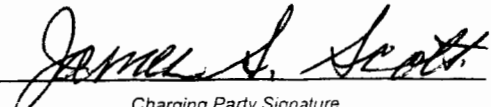
Discrimination Complaint Processing Form

INSTRUCTIONS: This complaint form should be filed with the Equal Employment Opportunity/Affirmative Action Officer or the alternate designee for the State department, agency, commission, or State college/university where you work or applied for employment.

For detailed information on the complaint process, see the State of New Jersey Model Procedures for Processing Internal Complaints Alleging Discrimination in the Workplace (Model Procedures) on Page 2 of this form.

1. Name: <i>James S. Scott</i>	2. Name of State Dept., Agency, Commission or College: <i>Scotch Plains TWP</i>	3. Telephone (Work): <i>908-322-6700 ext 313</i>
4. Job Title: <i>Parks Maintenance Worker</i>	5. Division / Office / Facility: 	6. Telephone (Home):
7. Home Address: <i>363 Russell St. Vauxhall, NJ 07088</i>	8a. Full name, title, and telephone number of person(s) you believe discriminated against you: <i>1. Alexander Mirabella - Muni Manager - 908-322-6700 ext 313 2. Raymond Phero - Park & Rec Director - 908-322-6700 ext 22 3. Christopher Monahan - Supervisor - 908-413-7001</i>	
8. Date(s) of discriminatory action(s): <i>8/13/9/02/9/09/15</i>		
8c. Complainant's Status (Check applicable box): <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Job Applicant <input type="checkbox"/> Vendor/Contractor <input type="checkbox"/> Other (Please specify) _____		
9. Basis of Discrimination: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> Age <input type="checkbox"/> Affectional/Sexual Orientation <input type="checkbox"/> Ancestry <input type="checkbox"/> Atypical Hereditary Cellular or Blood Trait <input type="checkbox"/> Color <input type="checkbox"/> Creed <input type="checkbox"/> Disability <input type="checkbox"/> Domestic Partnership Status </div> <div style="width: 30%;"> <input type="checkbox"/> Familial Status <input type="checkbox"/> Gender Identity or Expression <input type="checkbox"/> Genetic Information (including refusal to submit to or provide results of a genetic test) <input type="checkbox"/> Liability for Military Service <input type="checkbox"/> Marital /Civil Union Status <input type="checkbox"/> Nationality </div> <div style="width: 30%;"> <input type="checkbox"/> National Origin <input checked="" type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sex/Gender (including pregnancy) <input type="checkbox"/> Sexual Harassment <input checked="" type="checkbox"/> Retaliation (for having filed a discrimination complaint, participating in a complaint investigation or for opposing a discriminatory practice) </div> </div>		
10a. Explain why you feel you have been discriminated against: <i>The Township has allowed a supervisor to harass me, create a hostile work environment, and caused me to be injured</i>		
10b. Were the actions or behavior you are complaining about directed at, or said to, you <input checked="" type="checkbox"/> Yes and/or another party (third party harassment)?		
10c. Was the incident reported to anyone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, who and when? <i>Alexander Mirabella / Raymond Phero 8/13/9/02/9/14/15</i>		
10d. What remedy or resolution are you seeking? <i>That the supervisor be removed from the position</i>		
10e. If appropriate, as determined by the EEO Officer, are you willing to attempt to resolve your complaint through mediation or another alternative dispute resolution (ADR) process? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
10f. Complainant's Signature: <i>James S. Scott</i> Date: <i>September 21, 2015</i>		
11. Have you filed a discrimination complaint with the • N.J. Division on Civil Rights? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO • U.S. Equal Employment Opportunity Commission? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		12. Have you filed a grievance on the issues / personnel actions described? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
13. Completion of this part is voluntary. The information is to be used only for State and Federal record keeping and reporting requirements: SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female RACE: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Note: In addition to filing an internal complaint, a complainant has a right to use external complaint filing procedures available under State law (with the NJ Division on Civil Rights) and federal law (with the US Equal Employment Opportunity Commission). Detailed information is contained in the Model Procedures found on Page 2 of this form.		
DO NOT WRITE BELOW THIS LINE		
EEO/AA Officer Signature: _____		Date Received: _____

EEOC Form 5 (5/01)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: _____ Agency(ies) Charge No(s): 524-2006-00360 <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
New Jersey Division On Civil Rights and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) Mr. James S. Scott		Home Phone (Incl. Area Code) (908) 687-6921 <small>2006 MAY 18 PM 3:12</small>	
Date of Birth 03-14-1947			
Street Address 363 Russell St., Vauxhall, NJ 07088			
City, State and ZIP Code			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name TOWNSHIP OF SCOTCH PLAINS		No. Employees, Members 15 - 100	
Street Address Parks & Recreation Dept., 430 Park Ave., Scotch Plains, NJ 07076		Phone No. (Include Area Code) (908) 322-7100	
City, State and ZIP Code			
Name		No. Employees, Members	
Street Address		Phone No. (Include Area Code)	
City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify below)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 12-20-2005 12-20-2005 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>On or about September 26, 1994, I was hired by this employer. My position is that of a Parks and Recreation Maintenance Worker.</p> <p>In 2001, I filed EEOC Charge # 171-2001-00635 against this employer.</p> <p>On or about December 20, 2005, Chris Monahan (W/ 44), Facility Manager yelled at me, "At your age 58, you're milking the system and a monkey could have more production!" We were in the public eye at a park. In addition, he attempted to snatch tools away from me to hamper my work performance. He was named in the previous charge of discrimination. Mr. Monahan has created a hostile working environment (HWE), in which I am caused to feel apprehensive in his presence.</p> <p>In February 2006, I filed a letter of grievance to the Township. There has not been a response to my complaint.</p> <p>I believe I was discriminated against because of my race (Black) and age (58) by being subjected to harassment, in violation of Title VII of the Civil Rights Act of 1964, as amended (Title VII) and the Age Discrimination in Employment Act of 1967, as amended (ADEA).</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) 5/16/2006	
May 18, 2006 Date		 Charging Party Signature	

NARRATIVE / CONTINUATION REPORT

PARTMENT	2. ORI NO.	3. DEPT. CASE NO.	4. PROJ. CASE NO.	5. INCIDENT NO.
SCOTCH PLAINS	NJ0201600	2001-11103		

ON 09/06/01 AT 07:39 HOURS MR. JAMES SCOTT OF VAUXHALL A TOWNSHIP EMPLOYEE FOR RECREATION REPORTS HE WAS HARASSED ON THE JOB YESTERDAY 09/05/01 AT 14:40 HOURS BY HIS ASSOCIATION REPRESENTATIVE CHRIS MONAHAN.

MR. SCOTT STATES IN AUGUST 2001 HE FILED A JOB DISCRIMINATION SUIT IN NEWARK AGAINST MR. MONAHAN AND 3 OTHER PEOPLE AFTER EXHAUSTING ATTEMPTS TO RECTIFY A GRIEVANCE HE HAD ON THE JOB. YESTERDAY SUPERVISOR ROBBIE KRUMM ADVISED MR. SCOTT HE WAS TO ATTEND A MEETING AT THE DPW BUILDING, AT 14:40 HOURS MR. SCOTT ENTERED THE BUILDING AND WAS CONFRONTED BY MR. MONAHAN. HE YELLED AT MR. SCOTT, "WHY DID YOU INVOLVE ME IN THIS SUIT." MR. SCOTT TOLD HIM BECAUSE HE WAS THE ASSOCIATION REPRESENTATIVE AND DID NOT REPRESENT HIM PROPERLY. MR. MONAHAN THEN CALLED HIM A FUCKING SCUMBAG AND TOLD HIM WHEN SUPERVISOR DIQUALO LEAVES HE WILL BE IN CHARGE AND WILL HAVE HIM SHOVEL SHIT. MR. MONAHAN THEN TOLD HIM "YOU WONT BE HERE MUCH LONGER ANYWAY BECAUSE HIS JOB WAS GOING TO BE ELIMINATED BY AN INDEPENDENT CONTRACTOR." HE WAS THEN TO HAVE SAID "I WILL NEVER FORGET WHAT YOU DID TO ME, I'M GOING TO BE YOUR REP FOR A LONG TIME." MR. SCOTT STATES ALL THIS WAS DONE IN THE PRESENCE OF SUPERVISOR KRUMM AND OTHER EMPLOYEES.

MR. SCOTT WAS ADVISED HE COULD FILE HARASSMENT COMPLAINTS BUT STATED HE JUST WANTED THIS DOCUMENTED AND WOULD FILE COMPLAINTS IF THE HARASSMENT CONTINUES.

NO ADD. INFO.

CHARGE OF DISCRIMINATION

AGENCY

CHARGE NUMBER

☐ FEPA☒ EEOC

171A10635

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NEW JERSEY DIVISION ON CIVIL RIGHTS

and EEOC

State or local Agency, if any

NAME (Indicate Mr., Ms., Mrs.)

HOME TELEPHONE (Include Area Code)

Mr. James S. Scott

(908) 687-6921

STREET ADDRESS

CITY, STATE AND ZIP CODE

DATE OF BIRTH

43 Laurel Avenue, Vauxhall, NJ 07088

03/14/1947

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME

NUMBER OF EMPLOYEES, MEMBERS

TELEPHONE (Include Area Code)

Scotch Plains Township

Cat A (15-100)

(908) 322-6700

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

430 Park Avenue, Scotch Plains, NJ 07076

039

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

DATE DISCRIMINATION TOOK PLACE

EARLIEST

LATEST

☒ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN☐ RETALIATION ☐ AGE ☐ DISABILITY ☐ OTHER (Specify)

02/09/2001 02/09/2001

☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

1. I began my employment in September 1994, in the position of Bus Driver/Park Maintenance Laborer.

2. I spent the majority of my time performing maintenance duties. In March 2000, I applied for the position of Maintenance Worker. I was placed in this position in April 2000, at that time I was made aware that I was not in the "Scotch Plains Public Works & Recreation (SPPWRA)", union.

The Park Maintenance Worker position is covered under the SPPWRA union. I complained that I had been subjected to discriminatory treatment.

On January 29, 2001, I was notified by Mr. Thomas E. Atkins, Municipal Manager that I was not an employee under the terms and conditions of the SPPWRA, but I would not have to wait a full five (5) years before moving from one wage scale to other. As a result, I was being granted three years credit which would allow me to go to Schedule A wage scale noted in the Labor Contract in September 2002. I have been denied two years additional credit.

To my knowledge a White coworker, Mr. Chrs Monahan; held the position of Assistant Greenskeeper/Maintenance. His position was

** Text is Continued on Attached Sheet(s) **

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - (When necessary for State and Local Requirements)

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(Month, day and year)

Date 5/31/01

James S. Scott
Charging Party (Signature)

May 21 15:36 2001 CP Initials J. J. Chg # 171A10635, Attachment Page 1

Equal Employment Opportunity Commission
Form 5 - Charge of Discrimination, Additional Text

part of the SPPWRA. We were the only employees who held official dual positions.

3. I believe that I have been discriminated against because of my race (Black) in violation of Title VII of the Civil Rights Act of 1964, as amended.